



#### 4. INVESTMENT AMOUNT(S)

If you are making initial contributions by cheque:  
 Make cheques payable to: 'BTFG – LSF – <member name>'  
 If you are making contributions by Direct Debit please complete  
 Section 5, or the Direct Debit Request form available at [bt.com.au](http://bt.com.au)  
 If you are rolling over funds and you have not already initiated the  
 rollover please complete the Request To Transfer form  
**Cash is not accepted**

#### A Initial Contribution

Minimum one-off contribution \$3000  
 Minimum if in conjunction with Regular Contribution plan \$2000

How will initial contributions be made?	Cheque	Direct Debit
Personal contributions \$	<input type="checkbox"/>	<input type="checkbox"/>
Spouse contributions \$	<input type="checkbox"/>	<input type="checkbox"/>
Employer contributions \$	<input type="checkbox"/>	<input type="checkbox"/>
Contributions relating to CGT small business concessions \$	▶ attach ATO election form	
Directed termination payments \$	▶ attach employer documentation	
Contributions from certain personal injury settlements or orders \$	▶ attach ATO election form	
ATO Super Guarantee Voucher \$		
Rollovers from other superannuation funds \$		
How many? ▶ <input type="text"/>		

#### Rollover Details

Name of rollover institution	Estimated amount
	\$
	\$
	\$
	\$
	\$

#### B Regular Contributions

Complete this section if you wish to make regular contributions  
 Regular contributions will be made on or around the 19th of each  
 month from your nominated bank account.

Regular contribution amount \$  Commencement month

Do you want to make your Regular contributions using the bank  
 account details provided in Section 5?

Yes  No  ▶ Please give details of the other bank account  
 on a separate Direct Debit Request form

Do you want to increase your Regular Contribution plan amount in  
 line with inflation (CPI) each July? If you do not make a selection  
 the default is "Yes"

Yes  No

#### C Regular Spouse Contributions

**Note:** Minimum contribution for Spouse Contribution plan is \$100  
 Spouse contributions must originate from the account of the spouse  
 or a joint account to which the contributing spouse is a party.

Regular contribution amount \$  Commencement month

Your spouse **MUST** complete a separate Direct Debit Request form

#### 5. BANK ACCOUNT DETAILS AND DIRECT DEBIT REQUEST

Complete this section if you wish to authorise BT Funds Management  
 Limited ABN 63 002 916 458 (User ID 0001538) to arrange for  
 initial, additional or regular contributions to be made by direct debit.

By completing this section you acknowledge that the direct debit  
 arrangement is governed by the terms of the Direct Debit Request Service  
 Agreement in the 'terms and conditions' section of the PDS.

You must be an account signatory on the bank account you nominate.  
 If you wish to nominate a bank account on which you are not an  
 account signatory, you will have to complete a separate Direct Debit  
 Request form available at [bt.com.au](http://bt.com.au)

Is the nominated bank account also to be used for 'One-off  
 withdrawals'? If you don't make a selection, the default is "Yes".

Yes  No

Name of financial institution

Branch name

BSB number

Account number

Account holder's name(s)

  


#### 6. EMPLOYER CONTRIBUTIONS

How will your employer make contributions to your account?

Payroll Deposits

Employer's payroll system **MUST** be compatible with CEMTEX

Deposit Book

This option allows your employer to bank or mail contributions  
 by cheque with a completed deposit slip.

A book of deposit slips will be sent to your employer.

Monthly Contribution Plan

Your employer **MUST** complete a  
 separate Direct Debit Request form  
 available at [bt.com.au](http://bt.com.au)

Monthly contribution amount

\$

Employer's company name

Date of commencement with employer

 /  / 

Employer's postal address

  
  
 State  Postcode

Name of contact person at your employer

Contact person's position/job title

Phone number

 ( ) 

Fax number

 ( )

## 7. INVESTMENT OPTIONS

Investment option name	* AC	Initial Contributions			Regular Contribution Plan			Office Use Only	
		<i>Initial contributions will be invested into the BT Cash investment option unless you nominate otherwise.</i>			<i>Regular contributions will be invested in proportion to your current holdings unless you nominate otherwise.</i>			Trust Code	APIR Codes
		\$ Amount	OR	% Contribution	\$ Amount	OR	% Contribution		
<b>Stable</b>									
BT Cash	C	\$		%	\$		%	CS1	BTA0601AU
<b>Conservative</b>									
BT Multi-manager Conservative	D	\$		%	\$		%	CM1	BTA0232AU
BT Conservative Outlook	D	\$		%	\$		%	CO1	BTA0602AU
Macquarie Conservative	D	\$		%	\$		%	MC1	BTA0198AU
BT Australasian Bond	F	\$		%	\$		%	AB1	BTA0018AU
BT Global Bond	F	\$		%	\$		%	GB1	BTA0020AU
<b>Moderate</b>									
BT Multi-manager Balanced	D	\$		%	\$		%	BM1	BTA0231AU
BT Balanced Returns	D	\$		%	\$		%	BR1	BTA0603AU
BlackRock Balanced	D	\$		%	\$		%	MB1	BTA0199AU
<b>Dynamic</b>									
BT Multi-manager Growth	D	\$		%	\$		%	GM1	BTA0230AU
BT Future Goals	D	\$		%	\$		%	FG1	BTA0065AU
MLC Growth	D	\$		%	\$		%	MG1	BTA0200AU
BT Partner Australian Shares Core 1	AS	\$		%	\$		%	AC1	BTA0081AU
BT Partner Australian Shares Growth 1	AS	\$		%	\$		%	AG1	BTA0082AU
BT Partner Australian Shares Value 1	AS	\$		%	\$		%	AV1	BTA0083AU
BT Australian Share	AS	\$		%	\$		%	AS1	BTA0019AU
Colonial First State Australian Shares	AS	\$		%	\$		%	FS1	BTA0196AU
BT Property Securities	P	\$		%	\$		%	PS1	BTA0604AU
<b>Aggressive</b>									
BT Multi-manager High Growth	D	\$		%	\$		%	DM1	BTA0086AU
BT Partner International Shares Growth 1	IS	\$		%	\$		%	IG1	BTA0084AU
BT Partner International Shares Value 1	IS	\$		%	\$		%	IV1	BTA0085AU
BT International Shares	IS	\$		%	\$		%	IS1	BTA0027AU
BT Technology	IS	\$		%	\$		%	TM1	BTA0146AU
Aberdeen Actively Hedged International Equities	IS	\$		%	\$		%	CR1	BTA0197AU
<b>Total Investment</b>				<b>100%</b>			<b>100%</b>		

\*Asset Class: D – Diversified, IS – International Shares, AS – Australian Shares, P – Property, F – Fixed Interest, C – Cash

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## 8. NOMINATED BENEFICIARIES

Who would you like your benefit to be paid to in the event of your death? You can nominate up to five beneficiaries, including your Legal Personal Representative (i.e. the appointed Executor or Administrator of your estate). For more information on who you can nominate see the 'how super works' section of the PDS.

If any beneficiary nominated is no longer your dependant or Legal Personal Representative at the date of death, they will not be entitled to receive a share of your benefit.

Please use whole figures when specifying the '% of benefit'. Your total nomination must equal 100%.

	Title	Full name of beneficiary (beneficiaries cannot sign as witnesses)	% of Benefit	Address (residential preferred)
1			%	
2			%	
3			%	
4			%	
And / or Legal Personal Representative (My estate)			%	
<b>MUST TOTAL</b>			<b>100%</b>	<i>Note: Request will be INVALID if benefit allocation does not equal 100%</i>

### MEMBER SIGNATURE

Before sending this form when making a binding nomination ensure:

- none of your beneficiaries have signed as a witness
- two witnesses have signed
- you and the witnesses sign and date the form at the same time

Signature of **Member**

**Note:**

Binding nomination will be **INVALID** if member and witnesses sign on different dates.

Date

**!** Must be same date as member signature.

### BINDING NOMINATION

#### Witnesses

I acknowledge that I am over 18 years of age, that I am not a nominee on this form and that the above notice was signed and dated by the member in my presence.

**TWO witnesses must sign to make a binding nomination**

**Note: Your nominated beneficiaries cannot sign below**

Signature of **Witness 1**

Full name of Witness 1

Date

**!** Must be same date as member signature.

Signature of **Witness 2**

Full name of Witness 2

Date

**!** Must be same date as member signature.

Please ensure section 12 Member Declaration and Signature is also signed and dated.

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## 9. INSURANCE – Optional

**Please complete this section only if you require insurance cover.**

*Additional information and medical testing may be required. You will be contacted with specific requirements if you are impacted by this.*

Type of insurance cover	Amount
<input type="checkbox"/> Death Only	\$
<input type="checkbox"/> Death and Total & Permanent Disablement (TPD) <sup>1</sup> Cover	<i>Death</i>
	\$
	<i>TPD</i>
	\$

<sup>1</sup> The amount of TPD cover should be equal to or less than Death cover.

### Employment details

Are you currently gainfully employed?

No  If you are currently not working, what is your status?

Unemployed     Not employed/home duties  
 Retired         Not working due to ill health  
 Last date of employment (dd/mm/yyyy)

Yes  Self-employed

Yes  Employed     Full time  
 Permanent part-time  
 Casual

Complete the following if you are employed or self-employed:

Number of hours worked each week

Annual Income<sup>1</sup>

\$

What is your occupation?

What is your industry (eg mining)?

<sup>1</sup> Please refer to the 'definitions and interpretation of insurance terms' section of the PDS for the definition of 'Income'.

### Personal information

Please provide your height and weight details

Height  cm      Weight  kg

### Smoker status

During the past 12 months, have you smoked tobacco or any other substance?

If "Yes" please state forms and daily quantities

Health Information	No	Yes
1. Are you applying for greater than \$1,000,000 Death Only or Death & TPD cover?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you aged 55 years or over?	<input type="checkbox"/>	<input type="checkbox"/>
3. At the date of this application are you absent from work or unable to carry out all of the duties of your current or usual occupation on a full time basis, due to an injury or illness (even if you are not currently working on a fulltime basis or are unemployed)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you participate or intend to participate in any of the following: <ul style="list-style-type: none"> <li>• Aviation (other than as a passenger on a recognised airline)</li> <li>• Football (all codes), scuba diving (to a depth of more than 40 metres)</li> <li>• Motor racing or any other hazardous activity?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever suffered symptoms of, or had, or been told you have or received any advice or treatment for: <ul style="list-style-type: none"> <li>• High blood pressure, high cholesterol, heart complaint, chest pains or stroke</li> <li>• Mental or nervous disorder including stress, anxiety, depression or neurological condition</li> <li>• Cancer or a tumour of any type</li> <li>• Back/joint disorder, arthritis, loss of limb or paralysis</li> <li>• Loss of sight of any eye(s) or blindness</li> <li>• Kidney, bladder, bowel or stomach disorder and or disease</li> <li>• Diabetes or liver disease (including hepatitis)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever: <ul style="list-style-type: none"> <li>• suffered from AIDS or been infected with the HIV virus</li> <li>• used or injected yourself with any illicit drugs not prescribed by a medical practitioner</li> <li>• engaged in male to male anal sexual activity?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you drink more than 20 standard drinks per week?	<input type="checkbox"/>	<input type="checkbox"/>

**Note: If you answered YES to any question above you will need to complete the insurance Personal Statement available with the PDS or online at [bt.com.au](http://bt.com.au).**

### Duty of Disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, that is relevant to the Insurer's decision whether to accept the risk of insurance and if so, on what terms.

You have the same duty to disclose these matters to the Insurer before you extend, vary or reinstate a contract of life insurance. However, your duty does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the Insurer
- that is common knowledge
- that your Insurer knows, or ought to know, in the ordinary course of business
- where your duty is waived by the Insurer.

*If you fail to comply with your duty of disclosure and the Insurer would not have entered into the contract on any terms if the failure had not occurred, the Insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the Insurer may avoid the contract at any time.*

**Continued on next page ►►**

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

**General Declarations**

I hereby declare that:

- the answers to the above questions are true and I have not deliberately withheld any information material to the proposed insurance.
- I consent to AIA Australia Limited (the Insurer), third party providers and Westpac Securities Administration Limited on behalf of the Insurer, seeking medical information from any doctor who at any time I have consulted prior to the date below. While I am insured, I authorise the provision of such information to the Insurer.
- I acknowledge that I have read and understood my duty of disclosure in accordance with the Insurance Contracts Act 1984 as detailed in the insurance section of the application form.
- I understand that my duty of disclosure continues after I have completed this application until the Insurer has accepted the risk.

A photocopy of this declaration shall be as valid as an authority as the original.

**Signature of Member**

Date

 /  / 

Signatory name (please print)

**Please ensure section 12 Member Declaration and Signature is also signed and dated.**

**10. FINANCIAL ADVISER INFORMATION**

Complete this section with your financial adviser if you have one.

**10.1 FINANCIAL ADVISER CONTACT DETAILS  
(to be completed by your financial adviser)**

BT Adviser number

**A**

Title

Mr  Mrs  Miss  Ms  Other

Given name(s)

Surname

Phone number

 ( ) 

Fax number

 ( ) 

Mobile number

Office postcode

Email address

InvestmentLink ILCN (client no.)

ILGN group number

*Financial adviser stamp (please use black ink only)*

**New financial adviser information**

**Authorised Representatives**

- Letter/Fax from head agent confirming AFSL number and that the adviser is an Authorised Representative, and
- Copy of the written notice from head agent authorising the adviser to provide financial services on their behalf.

**Head Agent**

- Copy of AFSL issued by ASIC

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## 10.2 ADVICE FEE DETAILS (must be completed by both member and adviser)

This section sets out the arrangements between the Trustee of your BT account (refer to Trustee details at the beginning of the application form), you (being the member named in section 1) and your financial adviser named in section 10.1 (financial adviser).

### How to complete this section

You must:

- complete one or both of sections 10.2A and 10.2B (depending on your agreement with your financial adviser).

You and your financial adviser must:

- read the terms and conditions in section 10.3; and
- sign and date the declaration in sections 10.4 and 10.5 respectively.

### Information about the advice fee arrangement

An advice fee can be deducted as:

- a one-off fee payable to your financial adviser; and/or
- an ongoing fee payable to your financial adviser each month.

By entering into an advice fee arrangement you will be entitled to a fee rebate. The rebate amount represents a refund of the ongoing commission amounts included as part of the management costs which are reflected in the daily unit prices of your investment options. The rebate amount may vary depending on the fee structure applicable to your BT account, your investment options and who your financial adviser is. Your financial adviser will provide you with details of your rebate amount. The rebate will be credited as additional units proportionally to all your investment options in your BT account at the end of each month. Details of any advice fees and fee rebates that have been applied to your BT account will appear on your periodic statements.

*An advice fee may be charged by your financial adviser on a one-off and/or ongoing monthly basis (each, or together, an advice fee). The maximum total amount of advice fees that can be deducted in a 12 month period\* from your BT account is the lesser of \$5,000 or 2.5% of your account balance.*

\* The 12 month period is based on the 12 months up to and including the month for which the advice fee payment is to be deducted.

You must complete one or both of sections 10.2A and 10.2B (depending on your agreement with your financial adviser).

### 10.2A ONE-OFF ADVICE FEE

Please pay a one-off advice fee of:

\$  ,  .

*This amount is inclusive of GST and will be deducted once only from your BT account. It will be deducted proportionally across all of your investment options.*

### 10.2B ONGOING ADVICE FEE

Use this section to set-up a new ongoing advice fee arrangement.

Please pay a new ongoing advice fee of:

\$  ,  .  per month

OR

.  % per year on your account balance at the end of each month

*This amount is inclusive of GST and will be deducted proportionally from all your investment option(s) at the end of each month. This will start at the month end following the date your request is received and processed.*

Number of monthly payments

(please specify up to a maximum of 24 payments)

*If the number of monthly ongoing advice fee payments is left blank, payments will be deducted each month until 24 payments have been made or an advice fee cancellation form is received from you (or your financial adviser), whichever is earlier.*

### 10.3 READ THESE TERMS & CONDITIONS

- a. The Trustee (refer to Trustee details at the beginning of this application form) of your BT account and your financial adviser (named in section 10.1) agree that if you request your financial adviser to provide you with advice for the advice fee (set out in sections 10.2A and 10.2B (as applicable)):
  - your financial adviser will provide that advice in return for the payment by the Trustee of the advice fee;
  - the Trustee will pay the advice fee to your financial adviser and deduct that amount from your BT account.
- b. The advice and services related to the advice fee:
  - will be agreed between you and your financial adviser; and
  - must relate solely to your interest in your BT account.
- c. The ongoing advice fee payable (if set out in section 10.2B) will continue to be paid to your financial adviser's Dealer Group even if your financial adviser subsequently changes, as the Dealer Group will remain responsible for the ongoing advice until you decide to cancel this arrangement.
- d. The one-off advice fee (if set out in section 10.2A) will be charged once only and will be deducted proportionally from all your investment option(s) as at the date that your advice fee request is received.
- e. The ongoing advice fee (if set out in section 10.2B) will be deducted proportionally from all your investment option(s) at the date of processing at the end of each month.
- f. Your direction to the Trustee can be:
  - cancelled at any time by you or your financial adviser by completing an Advice Fee Cancellation form; or
  - amended at any time by completing another Advice Fee form.

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#### 10.4 MEMBER DIRECTION AND SIGNATURE – ADVICE FEE

To: The Trustee  
My financial adviser

I:

- direct that the amount(s) specified in sections 10.2A and 10.2B (as applicable) be paid by the Trustee to my financial adviser and deducted from my BT account according to the Terms and Conditions set out in section 10.3;
- acknowledge that my financial adviser has advised me of the services to be performed and the amount of the fee rebate to which I will be entitled by entering into this advice fee arrangement; and
- confirm that the amount to be deducted from my BT account and paid to my financial adviser relates solely to advice in relation to my interest in my BT account.

Signature of **Member**

Date

#### 10.5 FINANCIAL ADVISER ACKNOWLEDGMENT AND SIGNATURE

To: The Trustee  
The member (specified in Section 1)

I:

- agree to the Terms and Conditions set out in section 10.3;
- confirm that the advice and the services that I will provide to the member are solely in relation to the member's BT account;
- declare that I have advised the member of the amount of the fee rebate to which they will be entitled by entering into this advice fee arrangement; and
- irrevocably direct the Trustee to rebate to the member's BT account the ongoing commission amounts included in the management costs which are reflected in the daily unit prices of the member's investment options (which will be credited as additional units proportionally to all the investment options in the member's BT account at the end of each month).

If I am **not** a Westpac Financial Planner, I:

- declare that I am authorised to provide advice in relation to the member's BT account under an Australian Financial Services Licence; and
- acknowledge that the advice fee payable in respect of the member's BT account is governed by the Terms and Conditions of the Dealer Group Agreement, a copy of which I acknowledge I have received and read.

If I am a Westpac Financial Planner, I declare that:

- I am a representative of Westpac Banking Corporation (AFSL 233714); and
- I am authorised to provide advice in relation to the member's BT account.

Signature of **Financial Adviser**

Date

#### 11. CHECKLIST

- Have you entered your Tax File Number in Section 3?
- If rolling over from an external fund, have you completed the Request To Transfer form and sent it to your other super fund?

Are you nominating beneficiaries?

- Have you ensured your total benefit adds up to 100%?
- Have you signed the Nominated Beneficiaries section?

Are you making a Binding Nomination?

- Have you and 2 witnesses signed at the same time?

Are you taking out insurance cover?

- Have you completed the Personal Statement Part 2 if required?
- Have you signed the Insurance Duty of Disclosure section?
- Have you signed the Member Declaration & Signature section below?

Do you have a financial adviser?

- Has your financial adviser completed their adviser details?
- Have you and your financial adviser completed the Advice Fee Details section?

#### 12. MEMBER DECLARATION AND SIGNATURE

##### Important Note

**The PDS dated 14 December 2011 contains important information about investing in BT Lifetime – Personal Super. If you give this application form to another person you must, at the same time and by the same means, give them the PDS. If you received the PDS from the internet or other electronic means, we will send you on request a paper copy of the PDS, together with an application form, free of charge.**

In signing this application form, I acknowledge that:

- my rights in relation to BT Lifetime – Personal Super are governed by the terms of the Trust Deed of the Fund dated 28 December 1995 (as amended from time to time) and I agree to be bound by such terms
- I have read and understood all parts of the PDS for BT Lifetime – Personal Super and agree to, consent to and acknowledge the terms and conditions intended to be binding on me in the PDS (including those set out in the 'Terms and conditions' section)
- none of the Westpac Banking Corporation or any of its related entities stands behind or otherwise guarantees the capital value or investment performance of any investment option offered in the PDS or any related assets
- investments in the plan or any investment option offered in the PDS are not deposits or other liabilities of Westpac Banking Corporation or any other company in the Westpac group of companies and that investments in BT Lifetime – Personal Super are subject to investment risks, including possible delays in repayment and loss of income and principal invested
- I consent to the use of my personal information as outlined in the PDS
- I declare that all the details given on this application form are true, correct and complete
- the Corporations Act prohibits any person from passing on to another person the application form unless it is attached to or accompanied by the complete and unaltered PDS

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- if I have received this PDS from the internet or other electronic means, I have received it personally, or a paper print out of it, accompanied by or attached to this application form
- I am eligible to make superannuation contributions or have them made on my behalf as per the conditions set out in the 'how super works' section of the PDS and I will notify the Trustee immediately if at any time I do not meet these conditions
- I agree that the terms of any direct debit arrangement are governed by the 'Direct Debit Request Service Agreement' section of the PDS
- I agree that if I have provided my Tax File Number, I have read and acknowledged the Tax File Number information in the 'additional information about your super' section of the PDS.

**YOUR APPLICATION CANNOT PROCEED  
IF THIS SECTION IS NOT SIGNED**

*If you are signing under a Power of Attorney (POA), you must verify that at the time of signing, you have not received notice of revocation of that power. Please provide an originally certified copy of the POA including the appointed attorney's signature. If the attorney's signature is not included, please attach two originally certified copies of identification.*

Signature of **Member**

Date

Signatory's full name (please print)

*Make cheques payable to: 'BTFG – LSF – <member name>'*

*Send your completed application form, together with any cheque(s) (if applicable) to:*

**BT Lifetime - Personal Super  
BT Financial Group  
GPO Box 2675,  
Sydney NSW 2001**

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**BT Funds Management Limited ABN 63 002 916 458, AFSL 233724, RSE L0001090 is the trustee of BT Lifetime – Personal Super ABN 83 953 436 008, RSE R1003864**

**Note: This form should only be completed if you have answered all questions relating to insurance in the application form and have been directed to do so to be considered for insurance cover.**

**Depending upon how you answer these questions, you may be required to complete additional questionnaires. The additional questionnaires are located online at [bt.com.au](http://bt.com.au).**

Please complete the form using **black pen** and print in clear **CAPITAL LETTERS**. Use crosses (X) in boxes where applicable.

**A. FURTHER MEDICAL DETAILS**

Have you ever suffered symptoms of, or been told you had, or received advice or treatment for:

- |                  |   |                              |                             |
|------------------|---|------------------------------|-----------------------------|
| 1.               | high blood pressure or blood disorder e.g. Leukemia or Anaemia or Haemophilia?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.               | heart, vein or circulatory disorder, including chest pain, heart attack, stroke, heart murmur, raised cholesterol, Rheumatic Fever?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.               | mental or nervous disorder (e.g. stress, depression) fainting, Epilepsy, paralysis, brain disorder?<br><i>If you answered yes to this question, please refer to <b>Mental Health Questionnaire</b> and complete questions 1 – 8</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4.               | Gout, Arthritis, Rheumatism, RSI, chronic fatigue, myalgia, cartilage or ligament injury, bone fracture, Hernia?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5.               | back pain, sciatic or other disorder of the back or spine including the neck (whiplash injury)?<br><i>If you answered yes to this question, please refer to <b>Spinal/Joints Questionnaire</b> and complete questions 1 – 9</i>     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.               | Asthma, Bronchitis or other respiratory disorder?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7.               | stomach, intestinal or rectal disorder, ulcer, gall bladder or liver disorder?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8.               | Hepatitis B or C or been told you are a Hepatitis B or C carrier?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9.               | Diabetes, thyroid or prostate disorder?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10.              | Cancer, cyst, breast lump (even if you have not seen a doctor) tumour of any kind or any form of growth?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11.              | loss or reduction of hearing or sight or loss of any limb?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11.              | Dermatitis, Psoriasis, or other disorder of the skin?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12.              | kidney or bladder disorder?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13.              | sexually transmitted diseases?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14.              | drug or alcohol dependency?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15.              | any other medical condition not mentioned above?<br><i>If you answered yes to this question, please refer to <b>Multipurpose Questionnaire</b> and complete questions 1 – 13</i>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Females only | a) any female organ disorder?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|                  | b) are you currently pregnant? <i>If yes, date of expected delivery</i> <input type="text"/> / <input type="text"/> / <input type="text"/>  |                              |                             |

**B. MEDICAL HISTORY**

During the last five (5) years have you:

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 1. | had any examination, advice or treatment by a medical practitioner, chiropractor or other health professional?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | been in a hospital, clinic or nursing home?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | been advised to have an operation?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | had any tests, including blood tests, ECG, x-rays, genetic tests, etc?<br><i>If you answered yes to this question, please refer to <b>Check-up Questionnaire</b> and complete questions 1 – 5</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquillisers?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**C. PERSONAL HISTORY**

- |    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| 1. | Do you smoke? <i>If 'Yes', what do you smoke?</i> cigarettes <input type="checkbox"/> cigars <input type="checkbox"/> pipe <input type="checkbox"/> other <input type="text"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|    | How much (daily)? <input type="text"/>   |                              |                             |

continued on next page ►►



02-30-004-01



## E. FAMILY HISTORY

1. Have any of your immediate family (living or dead), ever suffered from diabetes, heart disease, mental illness, cancer, haemophilia, Huntington chorea, kidney disease or any other hereditary disorder? *If 'Yes', please give details.*

Yes  No


2. Please fill in the following schedule of family history

Relative	Living		Deceased	
	Age	State of health <i>(If not stated as good, give reasons)</i>	Age at Death	Cause(s) of Death <i>(to be stated fully and exactly)</i>
Father				
Mother				
Brothers	1			
	2			
	3			
	4			
Sisters	1			
	2			
	3			
	4			

## F. DOCTOR'S DETAILS

Name of current doctor

Doctor's address

Daytime phone number

 ( )

Fax number

 ( )

 State  Postcode

## G. NAME AND SIGNATURE

I hereby declare that:

- the answers to the above questions are true and I have not deliberately withheld any information material to the proposed insurance.
- I consent to AIA Australia Limited (the Insurer), third party providers and BT Funds Management Limited on behalf of the Insurer, seeking medical information from any doctor who at any time I have consulted prior to the date below. While I am insured, I authorise the provision of such information to the Insurer.
- I acknowledge that I have read and understood my duty of disclosure in accordance with the Insurance Contracts Act 1984 as detailed in the insurance section of the Application form.
- A photocopy of this declaration shall be as valid as an authority as the original.

Full name of **person to be insured** *(please print)*

Date of birth of **person to be insured**

 DD / MM / YYYY

Signature of **person to be insured**

Date

<input type="text"/>	/ /
----------------------	-----

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# BT Lifetime – Personal Super Request to Transfer

BT Contact Centre ☎ 132 135 (8.00am – 6.30pm Mon – Fri Sydney time)

BT Funds Management Limited ABN 63 002 916 458 AFSL 233724 RSE L0001090 is the Trustee of BT Lifetime – Personal Super ABN 83 953 436 008 RSE R1003864

Use this form to transfer your superannuation from another super fund into your BT Lifetime – Personal Super account. By completing this form, you will request the transfer of the **whole** balance of your superannuation benefits between funds. This form **cannot** be used to transfer part of the balance of your super benefits. This form will **not** change the fund to which your employer pays your contributions. You should also check with your other super fund(s) whether you will incur any withdrawal fees and if there may be a loss of insurance cover or other benefits.

## COMPLETING THIS FORM

- Check that the fund you are transferring your benefits FROM can accept this request
- Read the important information section
- If you do not complete all of the fields, there may be a delay in processing your request
- Refer to instructions where indicated with a **!**
- This form can NOT be used to transfer part of the balance of your superannuation benefits

## AFTER COMPLETING THIS FORM

- Sign the authorisation
- Send your completed form and certified proof of identity documents to the **FROM** or **TO** fund specified in this form
- **DO NOT FAX THIS FORM**

## PERSONAL DETAILS

Title

Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

Other/Previous names

Date of birth (dd/mm/yy)

/  /

Gender

Male  Female

Contact phone number

(  )

Residential address

State

Postcode

Previous address

**!** If you know that the address held by your **FROM** fund is different to your current residential address please give details below.

Postcode

Tax file number – Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your tax file number, but there may be tax consequences

\* See page 3 for additional information

## FUND DETAILS

**FROM** (Where your investment currently resides)

Fund name

Fund ABN

Fund address

Postcode

Fund contact phone number

(  )

Superannuation Product Identification Number (SPIN)

Member number

**!** If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.  
**NOTE:** If you have made a personal contribution to your account with this fund in the current or previous financial years and you have not completed a Personal Tax Deduction notice for those contributions, please contact the **FROM** fund named above for more information.

**TO** (Where you would like your investment to reside after the transfer)

Fund name

**BT Lifetime – Personal Super**

Fund ABN

**83 953 436 008**

Fund address

**GPO Box 2675**

**Sydney NSW** Postcode **2001**

Fund phone number

**132 135**

Member number

Superannuation Product Identification Number (SPIN)

**SPIN – BTA0137AU**

Make cheques payable to 'BTFG – LSF – <member name>'.  
BT

## PROOF OF IDENTITY

! See 'Completing proof of identity' on page 3

I have attached a certified copy of my driver's license or passport.

OR

I have attached certified copies of both:

Birth/Citizenship Certificate or Centrelink Pension Card

AND

Centrelink payment letter or Government or local council notice (<1 year old) with name and address

## AUTHORISATION

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- If the **TO** fund is a self managed superannuation fund (SMSF), I confirm that I am a member, trustee or director of a corporate trustee of the SMSF.
- I discharge the superannuation provider of my **FROM** fund of all further liability in respect of the benefits paid and transferred to my **TO** fund.

I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

Name (Print in BLOCK LETTERS)

Signature

Date

This form cannot be faxed.

## COMPLETING THE REQUEST TO TRANSFER FORM

By completing this form, you will request the transfer of the **whole** balance of your superannuation benefits between funds.

This form can **not** be used to transfer part of the balance of your superannuation benefits.

This form will **not** change the fund to which your employer pays your contributions. The Standard Choice Form must be used by you to change funds.

### Before completing this form

- Read the important information below.
- Check that the fund you are transferring your benefits **TO** can accept this transfer.

### When completing this form

- Print clearly in BLOCK LETTERS.

### After completing this form

- Sign the authorisation.
- Attach the appropriately certified proof of identity documents.
- Review the checklist below.
- Send the request form to your fund.

## IMPORTANT INFORMATION

This transfer may close your account (you will need to check this with your **FROM** fund).

### This form can NOT be used to:

- transfer part of the balance of your superannuation benefits
- transfer benefits if you don't know where your superannuation is
- transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer superannuation from
- change the fund into which your employer pays contributions on your behalf. You can do this by completing the BT Lifetime – Personal Super Fund Nomination form or a Standard Choice form.
- open a superannuation account, or
- transfer benefits under certain conditions or circumstances, for example if there is a superannuation agreement under the *Family Law Act 1975* in place.

### Checklist

- Have you read the important information?
- Have you considered where your future employer contributions will be paid?
- Have you checked your **TO** fund can accept the transfer?
- Have you completed all of the mandatory fields on the form?
- Have you signed and dated the form?
- Have you attached the certified documentation including any linking documents if applicable?

### What happens to my future employer contributions?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits **FROM**.

If you wish to change the fund into which your contributions are being paid, you will need to speak to your employer about Choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit [www.superchoice.gov.au](http://www.superchoice.gov.au) or call the Australian Taxation Office on 13 10 20.

### Things you need to consider when transferring your superannuation

When you transfer your superannuation, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your superannuation. If you ask for information, your superannuation provider must give it to you. Some of the points you may consider are:

#### • Fees

Your **FROM** fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees as well as exit or withdrawal fees. Your **TO** fund may also charge entry or deposit fees on transfer.

Differences in fees funds charge can have a significant effect on what you will have to retire on. For example, a 1% increase in fees may significantly reduce your final benefit.

#### • Death and disability benefits

Your **FROM** fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have. Other funds may not offer insurance, or may require you to pass a medical examination before they cover you. When considering a new fund, you may wish to check the costs and amount of any cover offered.

### What happens if I do not quote my Tax File Number (TFN)?

You are not obligated to provide your TFN to your superannuation fund. However, if you do not provide your TFN, your fund may be taxed at the highest marginal tax rate plus the Medicare levy on contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund may deduct this additional tax from your account.

If your superannuation fund does not have your TFN, you will not be able to make personal contributions to your superannuation account. Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future.

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another superannuation provider, when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

### Transfers to self managed superannuation funds

You may use this form to transfer your benefits to your own self managed superannuation fund (SMSF).

You should be aware that SMSFs are subject to the same rules and restrictions as other funds, when benefits are to be paid out. In particular, superannuation benefits in a SMSF are required to be 'preserved', meaning they are not generally able to be accessed until you are over age 55 and retired.

The trustee of your **FROM** fund may be able to request further information from you about your status as a member, a trustee, or a director of a corporate trustee of your SMSF, if there are multiple transfer requests to your SMSF. Penalties may apply for providing false or misleading information.

## COMPLETING PROOF OF IDENTITY

You will need to provide documentation with this transfer request to prove you are the person to whom the superannuation entitlements belong.

### Acceptable documents

The following documents may be used.

#### EITHER

##### One of the following documents only:

- driver's licence issued under State or Territory law
- passport.

#### OR

##### One of the following documents:

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits.

AND

##### One of the following documents:

- letter from Centrelink regarding a Government assistance payment
- notice issued by Commonwealth, State or Territory Government, or local council within the past 12 months that contains your name and residential address.  
For example:
  - Tax Office Notice of Assessment
  - Rates notice from local council.

### Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.
Signed on behalf of the applicant	Guardianship papers or Power of Attorney.

### Certification of personal documents

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date.

The following can certify copies of the originals as **true and correct** copies:

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth court.

### Where do I send the form?

You can send your completed and signed form with your certified proof of identify documents to either fund.

**Please send this original form. We cannot accept faxed copies.**

### MORE INFORMATION

For more information about superannuation, visit the:

- Australian Securities and Investments Commission website at [www.fido.asic.gov.au](http://www.fido.asic.gov.au), or
- Australian Taxation Office website at [www.ato.gov.au/super](http://www.ato.gov.au/super).

For more information about this form, phone the Australian Taxation Office on **13 10 20**.

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# Super Choice Fund Nomination Form

BT Contact Centre ☎ 132 135 (8.00am – 6.30pm Mon – Fri Sydney time)

BT Funds Management Limited ABN 63 002 916 458 AFSL 233724 RSE L0001090 is the Trustee of BT Lifetime – Personal Super ABN 83 953 436 008 RSE R1003864

If you would like to choose BT Lifetime – Personal Super to receive your future employer Superannuation Guarantee (SG) contributions, you can complete this form instead of the 'Choice of Superannuation Fund – Standard Choice Form' which you may have received from your employer.

Please speak to your employer, or visit [www.superchoice.gov.au](http://www.superchoice.gov.au), to find out whether you are able to choose your own superannuation fund.

**PLEASE GIVE THIS COMPLETED FORM TO YOUR EMPLOYER. DO NOT SEND THIS FORM TO BT.**

## 1. CHOSEN FUND DETAILS

Fund name

BT Lifetime – Personal Super

Investor number

C

Given name(s)

Surname

Australian Business Number (ABN)

83 953 436 008

Super Product Identification Number (SPIN)

BTA0137AU

Fund phone number

132 135

## 2. CHOSEN FUND PAYMENT METHODS

The following payment methods can be used to pay employer super contributions to the fund shown in section 1 above.

### BPAY®\*

To pay by BPAY® enter the Biller Code for employer contributions: **858837** and Customer Reference Number. The Customer Reference Number is: Four digit investment option code (available online at [bt.com.au](http://bt.com.au)) plus investor number (minus the 'C'). For example, assume the investor number is C12345678 and the member wants to invest in the BT Multi-manager High Growth investment option. The Customer Reference Number for this transaction would be 1237 12345678.



OR

Make cheques payable to

BTFG – LSF – <member name>

Send cheques to

BT Lifetime – Personal Super  
GPO Box 2675  
Sydney NSW 2001

### CHEQUE

When paying by cheque, please state the type of contribution for each payment and provide information that identifies the recipient account as outlined opposite.

## 3. I REQUEST THAT ALL FUTURE EMPLOYER CONTRIBUTIONS ARE TO BE MADE TO THE FUND SPECIFIED IN SECTION 1:

Employer name

Employee name (please update if incorrect)

Employee number (if applicable)

Employee signature

Date

**PLEASE GIVE THIS COMPLETED FORM TO YOUR EMPLOYER. DO NOT SEND THIS FORM TO BT.**

## COMPLYING FUND STATEMENT

BT Lifetime – Personal Super is a complying superannuation fund and a resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993. The Trustee of the fund is not subject to a written notice from the regulator directing the Trustee not to accept any contributions made to the fund by an employer-sponsor.

### Contribution acceptance statement

The Fund accepts superannuation contributions from any employer.

Yours sincerely

Brad Cooper  
Chief Executive Officer

On behalf of the Trustee,  
BT Funds Management Limited

### Employer use only

Date accepted

Date processed

\* Registered to BPAY® Pty Ltd ABN 69 079 137 518

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